



This application is to be completed only if your license has "Expired".

If you are in doubt regarding the status of your license, please telephone the Board office; (573) 751-0047.

This application must be typewritten and all requested information must be provided.

Your most recent four years of experience must be reported by completing the Experience Log. Verification of your experience is required **ONLY** if your license has been expired for a period of five years or longer. Faxed, scanned or photocopies of experience logs are **not** acceptable.

In addition to the Continuing Education Unit Reporting Form, attach a copy of documents supporting completion of the continuing education required within the preceding two years of this application date.

If you have served on full-time active duty in the military during the preceding two calendar years, you may apply for relicensure without completing the CEU requirement for the period during which you served; however, you must submit a copy of your active duty orders or discharge papers.

Attach a check or money order in the amount of \$200 made payable to the Missouri Board for Architects. The \$200 relicensure fee is non-refundable. A pending application will be retained in the Board office for one year from the date it was received.

Completed relicensure applications are processed in the order of receipt in as timely a manner as possible. Processing time varies depending on the volume of applications awaiting review and other responsibilities of the Board office.



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
APPLICATION FOR RELICENSURE AS AN ARCHITECT

MISSOURI BOARD FOR ARCHITECTS,
PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND
PROFESSIONAL LANDSCAPE ARCHITECTS

(ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN - FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE)

NAME	LICENSE NUMBER
ADDRESS	TELEPHONE NUMBER
ADDRESS	E-MAIL ADDRESS - REQUIRED
CITY, STATE, ZIP CODE	SOCIAL SECURITY NUMBER - REQUIRED

TO: MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND PROFESSIONAL LANDSCAPE ARCHITECTS
3605 MISSOURI BOULEVARD, SUITE 380
JEFFERSON CITY, MISSOURI 65109

I hereby apply for relicensure as an architect under my original number _____, on the basis of information contained in my original application for license, and on which my license was originally granted.

Please check the appropriate box below:

- ☐ **ACTIVE** (I hereby certify that I have successfully completed 24 continuing education units within the preceding two years of this application date. **Documentation verifying completion of the required CEUs is submitted.**)
- ☐ **INACTIVE** (I hereby certify that I have not completed the required number of continuing education units within the preceding two years of this application date; therefore I am placing my license on an Inactive status.)

RECORD OF CHARGES, CONVICTIONS AND FINES IMPOSED ON LICENSEE

	YES	NO
Have you been finally adjudicated and found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of this or any other state or of the United States whether or not sentence was imposed including suspended imposition of sentence, suspended execution of sentence and misdemeanor charges that you have not previously disclosed to this Board? If "YES" , please submit a copy of the charges, findings and order with this application.	<input type="checkbox"/>	<input type="checkbox"/>
In any other licensing jurisdiction, have you been the subject of disciplinary action, or entered into any type of settlement agreement, providing for any limitation on your ability to practice, or monetary penalty or payment of costs that you have not previously disclosed to this Board? If "YES" , please submit a copy of the charges, findings and order with this application.	<input type="checkbox"/>	<input type="checkbox"/>

Pursuant to Section 324.010 RSMo:

- ☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

I, the undersigned applicant for relicensure by the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects as an ARCHITECT, on my oath, or affirmation, and the purpose of securing such relicensure, declare that the statements and representations made in the foregoing application are true.

SIGNATURE	DATE
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Attach the \$200 relicensure fee in the form of a check or money order made payable to Missouri Board for Architects.

FOR BOARD USE ONLY		
CHECK DATE	CHECK NO.	AMOUNT



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**EXPERIENCE LOG –
ARCHITECT RELICENSURE**

MISSOURI BOARD FOR ARCHITECTS,
PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS AND
PROFESSIONAL LANDSCAPE ARCHITECTS

THIS FORM MAY BE REPRODUCED

APPLICANT'S NAME		APPLICANT SIGNATURE ▶	
EMPLOYER FOR THIS ENGAGEMENT (PLACE OF EMPLOYMENT)		EMPLOYER TELEPHONE NUMBER	
EMPLOYER ADDRESS			

INSTRUCTIONS (ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN - FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE)

1. List the engagement (place of employment), dates of employment, title of position, character and description of your work and total amount of time. If you are a president or vice president of a firm or if you are self-employed, experience must be verified by at least **three** of your major clients. A separate experience log should be completed for each client.
2. Have a supervising licensed architect, supervisor or client, complete verification below **ONLY** if your license has been expired for a period of five years or longer.
3. A **separate** sheet **must** be used for **each** engagement (place of employment) or client. If additional sheets are necessary, please have the appropriate supervising licensed architect, supervisors or clients sign and date the attached sheets (if your license has been expired for a period of five years or longer.)

DATE		TITLE OF POSITION, NAME OF EMPLOYER, CHARACTER AND DESCRIPTION OF EACH ENGAGEMENT (PLACE OF EMPLOYMENT). STATE DEFINITELY THE CHARACTER AND DESCRIPTION OF YOUR WORK.	TIME
FROM MO/YR	TO MO/YR		TOTAL NUMBER OF YEARS AND MONTHS AT THIS ENGAGEMENT (PLACE OF EMPLOYMENT)

VERIFICATION OF SUPERVISING LICENSED ARCHITECT, SUPERVISOR OR CLIENT

(INFORMATION IN THIS SECTION DOES NOT NEED TO BE TYPEWRITTEN)

By my signature, I hereby verify that the above record of experience of this candidate is to the best of my knowledge and belief a true and accurate record of his/her work experience.

SUPERVISING LICENSED ARCHITECT, SUPERVISOR OR CLIENT'S NAME (PLEASE PRINT)

SIGNATURE

DATE

PLEASE GIVE YOUR LICENSE NUMBER AND WHICH STATE YOU ARE LICENSED IN

HOW LONG HAVE YOU BEEN ACQUAINTED WITH THE APPLICANT AND IN WHAT CAPACITY?

COMMENTS



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
CONTINUING EDUCATION UNIT REPORTING FORM
ARCHITECT RELICENSURE

MISSOURI BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS,
PROFESSIONAL LAND SURVEYORS
AND PROFESSIONAL LANDSCAPE ARCHITECTS

FOR THE PERIOD JANUARY 1, _____ THROUGH DECEMBER 31, _____

Missouri law requires that each Architect licensed in the state of Missouri must meet continuing education requirements as a condition for relicensure. Each licensee must complete **PARTS I, II and III** of the form, furnishing the details of CEUs earned; then must certify by affixing his/her seal, signature and date in **PART IV**. This form is being provided for your use to document your CEUs and can be duplicated if necessary. **A copy of this completed form and copies of all other documentation supporting your continuing education units must be submitted to the Missouri Board for Architects, Professional Engineers, Professional Land Surveyors and Professional Landscape Architects. If you have a completed AIA/CES Reporting Form prescribed by the AIA, it may be submitted in lieu of this form so long as a copy is retained for audit purposes.**

ALL INFORMATION ON THIS SHEET MUST BE TYPEWRITTEN (FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE)

PART I - DETAILED LIST OF STRUCTURED HEALTH, SAFETY & WELFARE ACTIVITIES – 16 HOURS MINIMUM

DATE(S) OF ACTIVITY	SPONSORING ORGANIZATION AND LOCATION OF ACTIVITY	ACTIVITY (TITLE, DESCRIPTION, INSTRUCTOR)	CEUs CLAIMED
TOTAL "HSW" CEUs (THIS REPORT)			

PART II - DETAILED LIST OF STRUCTURED ELECTIVE ACTIVITIES

DATE(S) OF ACTIVITY	SPONSORING ORGANIZATION AND LOCATION OF ACTIVITY	ACTIVITY (TITLE, DESCRIPTION, INSTRUCTOR)	CEUs CLAIMED
TOTAL ELECTIVE CEUs (THIS REPORT)			

ALL INFORMATION IN THIS SUMMARY MUST BE TYPEWRITTEN (FAXED, SCANNED OR PHOTOCOPIES ARE NOT ACCEPTABLE)

PART III - SUMMARY OF CEUs	CEUs CLAIMED
(a.) Total of HSW and Elective CEUs earned during this reporting period	
(b.) Total CEUs carried forward from prior reporting period	
(c.) Total of (a.) and (b.) above	
(d.) Total to be carried forward to next year	
[Total from (c.) minus 24 providing no more than a carry over of 12 may be claimed.]	

PART IV - CERTIFICATION

I hereby certify the detailed list and summary of credits given above is correct and that I have earned the credits stated.

Affix your seal, signature, and date here: